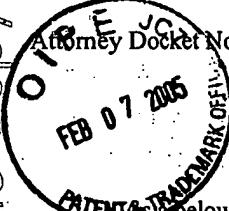


SHUMAKER & SIEFFERT, P.A.

United States Patent Application

COMBINED DECLARATION AND POWER OF ATTORNEY

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AVAILABILITY
 I, the below named inventor I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and that I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: IMPLANTABLE NEUROSTIMULATOR PROGRAMMING WITH BATTERY LONGEVITY INDICATION

The specification of which

- a. is attached hereto
- b. was filed on as application serial no. and was amended on (if applicable) or
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- a. no such applications have been filed.
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U.S. APPLICATION NUMBER	DATE OF FILING (day, month, year)	STATUS
60/448,457	21 February 2003	
60/503,207	15 September 2003	

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I hereby appoint Practitioners at Customer Number 28863



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PATENT TRADEMARK OFFICE

and further appoint the following Practitioners:

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Steven J. Shumaker
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8425 Seasons Parkway, Suite 105
St. Paul, Minnesota 55125
Telephone: 651.735.1100
Facsimile: 651.735.1102

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name Of Inventor	Family Name North	First Given Name Richard	Second Given Name B.
Residence & Citizenship	City Baltimore	State or Foreign Country Maryland	Country of Citizenship United States of America
Post Office Address	Post Office Address 1100 Copper Hill Road	City Baltimore	State & Zip Code/Country MD 21209/USA
Signature of Inventor: 		Date: 10/29/03	

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Full Name Of Inventor	Family Name Sieracki	First Given Name Jeffrey	Second Given Name M.
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Post Office Address	Post Office Address 13506 Collingwood Terrace	City Silver Spring	State & Zip Code/Country MD 20904/USA
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Full Name Of Inventor	Family Name Brigham	First Given Name David	Second Given Name D.
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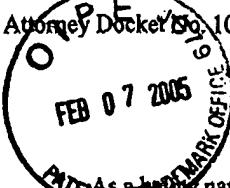
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- (d) Individuals other than the attorney, agent or inventor may comply with this section by disclosing information to the attorney, agent, or inventor.

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Attorney Docket No. 1023-223US01/P-11559.00

SHUMAKER & SIEFFERT, P.A.

United States Patent Application

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Signature of Inventor:		Date: 10-27-03	

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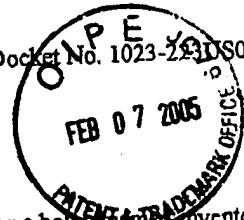
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